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To: Our Customer
From: Fortis Benefits DentalCare
Subject: Updated Copayment Schedule for your Prepaid Dental Plan
Date: June 2004

We would like to advise you of an update to your dental plan's copayment schedule we have made to comply with the Health Insurance Portability and Accountability Act (HIPAA) and American Dental Association (ADA) rules on current dental coding and terminology, the cdt4 codeset.¹ These changes affect the entire dental benefits industry and are not solely limited to Fortis Benefits DentalCare* plans.

Your plan is based on specific dental codes. Periodically, the ADA revises the dental codes to reflect changes in materials and/or technology. For certain types of electronic claim transactions, HIPAA requires that we accept only the most current codeset. We have updated your copayment schedule to reflect the cdt4 changes consistent with HIPAA requirements and the ADA.

The changes to the copayment schedule include revisions in the written descriptions of some procedures, the addition of new dental procedure codes, and the deletion of dental procedure codes. You should know that these changes could result in some minor differences in the way copayments will be charged in comparison to similar services under the prior codes. Changes you may notice include:

- A new exam code 0180, comprehensive periodontal examination has been added to your general dentist copayment schedule.
- The ADA has dropped the distinction between primary amalgams ("primary fillings") and permanent amalgams ("permanent fillings"). This means that procedure codes 2110, 2120, 2130, and 2131 have been deleted and incorporated under the procedure codes for permanent amalgams, procedures 2140, 2150, 2160, and 2161.
- Procedure codes 2385, 2386, and 2387 (resin composites, commonly referred to as "white fillings") have been deleted and are replaced by procedure codes 2391, 2392, 2393, and 2394. The written descriptions for these procedures were changed.
- Two new periodontal codes 4211 and 4342, both related to dental work on 1-3 teeth, have been added to your copayment schedule.
- Procedure codes for extractions 7110, 7120, and 7130 have been deleted and replaced by two procedure codes, 7111 and 7140.

The enclosed copayment schedule for your plan will become effective on August 1, 2004. This copayment schedule is based on your current plan as of the date of this mailing.

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If you have any questions or concerns please contact us at 1-800-443-2995. Written questions should be addressed to: Fortis Benefits DentalCare, 3595 Grandview Parkway, Suite 150, Birmingham, AL 35243. We appreciate your continued participation and thank you for making us your dental benefits plan of choice.

*Benefits administered by Fortis Benefits Insurance Company and provided by one or more of the following companies: DentiCare of Alabama, Inc., DentiCare, Inc. (A Florida Corporation), A Prepaid Limited Health Service Organization licensed under Chapter 636 of the Florida statutes, DentiCare, Inc. (A Kentucky Corporation), Fortis Benefits DentalCare of Wisconsin, Inc., Fortis Benefits DentalCare of New Jersey, Inc., UDC Dental California, Inc. dba United Dental Care of California, Inc., UDC Life and Health Insurance Company, UDC Ohio, Inc. dba United Dental Care of Ohio, Inc., United Dental Care Insurance Company, United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of Nebraska, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Pennsylvania, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Fortis Benefits Insurance Company.